ABSTRAK

Latar Belakang : Tuberkulosis merupakan masalah kesehatan dunia dan merupakan penyebab kematian kedua setelah infeksi *Human Immunodeficiency Virus* (HIV). Indonesia menempati peringkat kedua kejadian tuberkulosis di dunia. Suhu udara Wonosobo yang berkisar 14,3-26,5^{o}C membuat bakteri tuberkulosis tumbuh subur. Pada tahun 2013, angka prevalensi kejadian tuberkulosis Puskesmas Selomerto I paling tinggi di Kabupaten Wonosobo. Penyajian informasi secara SIG belum pernah dilakukan di Puskesmas Selomerto I sebagai dasar untuk perencanaan dan pengambilan keputusan.
Tujuan : Mendeskripsikan distribusi kasus tuberkulosis dalam bentuk peta persebaran penyakit tuberkulosis paru di Puskesmas Selomerto I Wonosobo.
Metode: Penelitian ini menggunakan metode kuantitatif deskriptif dengan pendekatan *cross sectional*. Populasi yang diambil adalah semua penderita tuberkulosis paru di Puskesmas Selomerto I tahun 2015-2017 dan sampel yaitu total sampling. Teknik pengumpulan data menggunakan studi dokumentasi dan obsevasi. Analisis data menggunakan analisis univariat dan analisis spasial.
Hasil : Jumlah kasus tuberkulosis paru tahun 2015-2017 paling banyak di Desa Kalierang 15 orang, jenis kelamin laki-laki 36 orang, kategori umur 17-25 tahun sebanyak 25 orang, tingkat pendidikan yaitu SMP 23 orang, pekerjaan yaitu tidak bekerja 24 orang, hasil pengobatan yaitu sembuh 36 orang. Penderita paru paling banyak terletak di Desa Kalierang dengan kepadatan penduduk yang tinggi. Desa Wonorejo, Desa Sidorejo, Desa Tumenggungan dan Desa Kadipaten tidak masuk dalam *buffer* Puskesmas. Pola persebaran tuberkulosis paru adalah mengelompok dan daerah paling rentan adalah Desa Kalierang, Desa Selomerto dan Desa Gunungtawang.
Kesimpulan : Pemetaan persebaran kasus tuberkulosis paru dengan menggunakan SIG dapat dijadikan dasar untuk perencanaan dan pengambilan keputusan.

Kata kunci : **Pemetaan, Sistem Informasi Geografis, Tuberkulosis**

ABSTRACT

Background: *Tuberculosis is a World Health problem and is the second leading cause of death after infection with Human Immunodeficiency Virus (HIV). Indonesia was ranked second to the incidence of tuberculosis in the world. Wonosobo air temperature which ranges from 14.3 to 26.5oC makes tuberculosis bacteria grows fertile. In 2013, Puskesmas Selomerto I was the highest ranking based on prevalence rate of tuberculosis incident in Wonosobo District. Presentation of information by using GIS for mapping of pulmonary tuberculosis has not been done at Puskesmas Selomerto I as a basis in planning and decision making.*

Objective: *Describe the distribution of tuberculosis cases in the form of pulmonary tuberculosis spread map at Puskesmas Selomerto I Wonosobo*

Methods *: This research uses descriptive quantitative method with cross sectional approach. Population taken is all patient of pulmonary tuberculosis at Puskesmas Selomerto I in 2015-2017 and sample that use is total sampling. Data collection techniques used documentation and observation study. Data analysis used univariate analysis and spatial analysis.*

Results : *Pulmonary tuberculosis cases in 2015-2017 are most widely spread in the village of Kalierang with total 15 people. People with tuberculosis was most male with total number 36 people. Pulmonary tuberculosis patients are dominated by age category 17-25 years as many as 25 people. Education level of lung sufferers as much as 23 people with last education was junior high. Many lung sufferers who do not have a job that is as many as 24 people. Most People with tuberculosis that declared cured were 36 people. Tuberculosis are mostly located in the village of Kalierang with high population density. Wonorejo, Sidorejo, Tumenggungan and Kadipaten not coverage buffer of Puskesmas. The distribution pattern of pulmonary tuberculosis in Puskesmas is clustered. Pulmonary tuberculosis case mostly vulnerable at Kalierang, Selomerto, and Gunungtawang.*
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Conclusion : *Mapping of the spread of pulmonary tuberculosis cases using geographic information systems can be used for planning and decision making.*

Keywords: Geographic Information System, Mapping, Tuberculosis